78730

Ship Mon. Jan 16th
Alike

Item ID:	D350-740-011		Accept	***N9000401OO***	Setup	Start	***NS1***

Revision ID:

| Item Name: | Dual Disabling | | | | | Stop | ***NS2*** |

| Start Date: | 1/12/2012 | Start Qty: 1.00 | ***1*** | | Cust Item ID: |
| Required Date: | 1/16/2012 | Req'd Qty: 1.00 | ***1*** | | Customer: |

Reference:

						Run	Start	***NR1***
Approvals:	Process Plan: ✓MLF	Date: 12-01-12	Tooling:		Date:			
	QC:	Date:	SPC (Y/N):		Date:		Stop	***NR2***

Sequence ID/ Work Center ID	Operation Description		Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr									
N/A	Rev N/A									
100 ***100*** DC Document Control	DOCUMENT CONTROL	✗S/	0.00				for MLJ 12-1-16			ⓥ
	Memo Photocopy bluefile and create labels per PPP D350-740-011 CHG002	S 12/1/16	0.00							
110 ***110*** Packaging Packaging	Pick Kit		0.00				12/1/16 P			
	Memo		0.00							
120 ***120*** QC Quality Control	QC4- 100% Inspect kits for completeness		0.00							EW
	Memo Ensure that keys can be locked and unlocked for each D3371-041 and D3372-041 assembly.	S 12/1/16	0.00							

C420A .

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WORK ORDER CHANGES

W/O: _____

DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No   DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

WORK ORDER NON-CONFORMANCE (NCR)

NCR: _____

DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

78730

Item ID:	D350-740-011	Accept	***N9000401OO***	Setup	Start	***NS1***
Revision ID:					Stop	***NS2***
Item Name:	Dual Disabling					

Start Date:	1/12/2012	Start Qty:	1.00	*1*	Cust Item ID:	
Required Date:	1/16/2012	Req'd Qty:	1.00	*1*	Customer:	
Reference:						

					Run	Start	***NR1***
Approvals:	Process Plan:	Date:	Tooling:	Date:			
	QC:	Date:	SPC (Y/N):	Date:		Stop	***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
130	Packaging							12/1/16	
Packaging	Memo	0.00							
Packaging	PACKAGING RESOURCE #1 per PPP D350-740-011Location:_____ PPP Rev:_C_____ Record Key Numbers For The Following:D3371- 041 C420A D3372-041 C420T								
140	QC21- Final Inspection - Work Order Release	0.00						12/1/16	
140									
QC	Memo	0.00							
Quality Control								MF 12-01-16	

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W/O:		WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Picklist Print

Work Order ID: 78730

Parent Item: D350-740-011   **Start Date:** 1/12/2012   **Required Date:** 1/16/2012

Parent Item Name: Dual Disabling   **Start Qty:** 1.00   **Required Qty:** 1.00

Comments: IPP Rev:E   Re-Format   06-01-13   JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3371-041 Pedal Lock Assembly		Manufactured	No			120	Each	0.0000	1	B78729			
D3372-041 Collective Lock Assembly		Manufactured	No			110	Each	1.0000	1	B78731 12/1/16			

Location	Loc Qty	Loc Code
st493	1	_____
76931	1	_____

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W/O:		WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign &** **Date**			

NOTE: Date & initial all entries

H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE